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Statement for the Record
“Hearing on Protecting Patients from Surprise Medical Bills”
House Committee on Ways and Means, Health Subcommittee
May 21, 2019

Thank you for this opportunity to provide testimony for the record on the issue of surprise medical bills.

The American Cancer Society Cancer Action Network (ACS CAN) is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

We commend you for your efforts to address surprise billing. Surprise billing affects millions of consumers each year, including cancer patients. Recent academic studies have found that approximately one out of every five emergency department visits involve care from an out-of-network provider.¹ Another study found that the physician specialties most likely to send surprise bills are anesthesiology, interventional radiology, emergency medicine, pathology, neurosurgery, and diagnostic radiology.² Surprise bills occur for people in all types of health insurance plans. For example, even among large employer plans, nearly one-in-ten elective inpatient procedures involved a potential surprise bill.³

We look forward to working with you as you develop legislation related to surprise medical bills.

Surprise Billing in the Medicare Program

Under current law, Medicare covers a screening colonoscopy for beneficiaries without any cost-sharing. However, Medicare requires seniors to pay 20 percent coinsurance if polyps are found and removed during that screening. Removing precancerous polyps during a colonoscopy can prevent cancer, making colonoscopies a unique preventive service, but there is no way to know if you have polyps (and will incur cost-sharing) until after the colonoscopy is completed.

¹ Cooper, Zack, Fiona Scott Morton. 2016. “Out-of-network emergency-physician bills—an unwelcome surprise.” NEJM 2016; 375:1915-1918. <https://www.nejm.org/doi/full/10.1056/NEJMp1608571>.

² Bai G, Anderson GF. Variation in the Ratio of Physician Charges to Medicare Payments by Specialty and Region. JAMA. 2017;317(3):315–318. doi:10.1001/jama.2016.16230.

³ Garman, Christopher, Benjamin Chartock. 2017. “One in Five Inpatient Emergency Department Cases May Lead to Surprise Bills.” Health Affairs. Vol 36. No. 1 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0970>.

This coinsurance requirement can cause seniors to wake up to a surprise bill of as much as \$350,⁴ which can act as a serious deterrent to this lifesaving cancer screening. Importantly, those who have private insurance do not face this same cost barrier.

Colorectal cancer is the second leading cause of cancer death among men and women combined in the United States.⁵ In 2019, it is estimated that 145,600 Americans will be diagnosed with colorectal cancer and approximately 51,000 Americans will die from it.⁶

It is critically important that Medicare-eligible seniors be screened for colorectal cancer. Approximately 60 percent of cases and 70 percent of deaths due to colorectal cancer occur in those aged 65 years and older.⁷ Colonoscopies are proven to prevent and detect colorectal cancer at earlier stages when treatment is more effective and can save lives.⁸ The five-year relative survival rate for colorectal cancer is only 14 percent when caught at a later stage.⁹ If caught at an early stage with screening, the survival rate improves to 90 percent.¹⁰

While we believe the Administration has the legal authority to make this policy change, they are currently considering what policy changes to include in this year's proposed Medicare physician fee schedule rule. We strongly encourage CMS to take action to end surprise billing in colorectal cancer screening. If the Administration does not fix this problem on their own, we respectfully request that language to remove this cost-sharing requirement for seniors be included in any surprise billing legislation that is considered by the Ways and Means Committee. Language to this effect can be found in the bipartisan Removing Barriers to Colorectal Cancer Screening Act, HR 1570, which currently has over 250 House cosponsors.

Conclusion

ACS CAN appreciates the opportunity to provide testimony for the record, and we would be happy to discuss any of these suggestions in greater detail. Thank you for your consideration.

⁴ Cost estimates provided by the American Gastroenterological Association.

⁵ American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

⁶ Ibid.

⁷ Siegel RL, Miller KD, Fedewa SA, et al. Colorectal cancer statistics, 2017. *CA Cancer J Clin*. 2017; 76(3): 177-93.

⁸ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2017-2018*. Atlanta: American Cancer Society; 2017.

⁹ American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

¹⁰ Ibid.